

Please TYPE application and use the "TAB" key to move between blocks.

Written version available upon request.

THIS APPLICATION IS TO BE USED FOR RENEWALS ONLY DO NOT USE THIS APPLICATION FOR NEW APPLICANTS

Full Name:												
LAST						FIRST				MIDDLE		
Nicknames/Aliases:												
Maiden Name:												
Any previous name changes:									4			
		;	LAST			FIRST				MIDDLE		
Birth Date:	Birth Date:]	Place of Birth:						
		##/##/### AGE							CITY / STATE			
Citizenship:		YES NO										
		Gender:	ender: Male			☐ Female						
		RACE				HEIGHT WEIGHT HAIR COLOR			EYE C	OLOR		
Social Security #:		1		Dr	Oriver's License #:							
		###-##	##-###							# / STATE		
Address:					A							
			STRI	EET		CITY / COU			COUNTY	UNTY STATE ZIP		
	*THIS MU			BE A PHY	SICAL	CAL ADDRESS AND NOT A P.O.BOX				X OR THE ADDRESS OF THE		
						PROTE	ECTED	PROPERT	ry*			
Phone Number:		HOME (WITH	APER CODE)			CELL (WITH AREA CODE)				E-MAIL ADDRESS		
		HOME (WITH)				(###)##				E-MAIL A	DDRESS	
Do you have a						ave you filed under the \square YES \square				NO		
satisfactory credit					Ban	Bankruptcy Law since your						
rating? last renewal?												
List all police trai												
since your last rene	wal. Th	is would	in	clude								
firearms training:												
ATTACH ANY CERTIFICATES/DIPLOMAS RECEIVED *IF ADDITIONAL SPACE IS NEEDED, USE ADDENDUM SECTION*												
Personal Details												
Marital Status: Single Married Divorced Separated Widowed												
Spouse's details:										_		
Name	DOB ##/##/###		Str	eet A	ddres	ss		City/S	tate	Bi	rthpla	ace
7.7/ 77/ 7777												
If spouse is employed, list their employer, location and title.												
Employer			Lo			cation			Title			
Provide home addresses and the approximate time frames of each location since your last												
renewal. *IF ADDITIONAL SPACE IS NEEDED, USE ADDENDUM SECTION*												
Street Address			Ci			ity/State			From		То	

Please TYPE application and use the "TAB" key to move between blocks.

Written version available upon request.

THIS APPLICATION IS TO BE USED FOR <u>RENEWALS</u> ONLY DO NOT USE THIS APPLICATION FOR NEW APPLICANTS

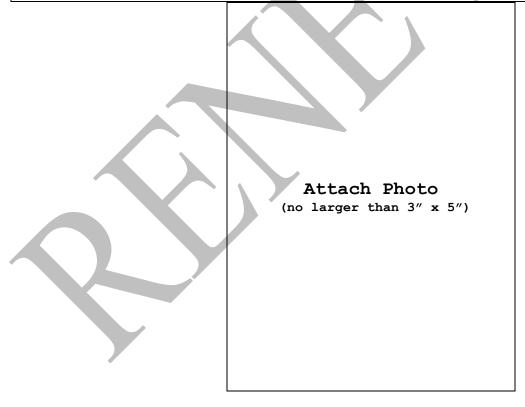
Specify all traffic violations since your last renewal. Include dates, locations,									
police department, whether or not convicted and fine paid if convicted.									
IF NO TRAFFIC VIOLATIONS, WRITE "NONE", DO NOT WRITE N/A									
IF ADDITIONAL SPACE IS NEEDED, USE ADDENDUM SECTION									
Traffic Vic	lation	Date	Location	Police	Convicted	Fine Paid			
Traffic Violation		##/##/###	Location	Department	or Not	or Not			
					(yes/no)	(yes/no)			
					1				
Specify all arrests (felony, misdemeanor or violation) since your last renewal. This									
would include physical arrests, summonses and non-traffic offense citations. Include									
dates, locations, by what agency, whether or not convicted. IF YOU HAVE HAD ANY ARRESTS OR									
			ERE IS A POSSIBILITY T	HAT YOU WILL NOT BE A	PPROVED FOR COM	MISSION BY			
		SAFETY CABINET.							
IF NO AR	RESTS, WR	RITE "NONE", DO N	NOT WRITE N/A *IF ADDI	TIONAL SPACE IS NEEDE	Convicted	SECTION*			
Dates		Offense/L	ogation	Agency	or Not	Fines or			
##/##/####		Offense/ L	ocation	Agency	(yes/no)	Sentence			
					(yes/no)				
Have you been a defendant in any civil court action since your last renewal? If so,									
	en a de.	rendant in an	y civil coult act	Ton Since Your 12	ist renewar:	If so,			
	specify:								
Date ##/##/###	Type of Action Disposition								
,,									
IF NO COURT	ACTION,	WRITE "NONE", DO	NOT WRITE N/A *IF AD	DITIONAL SPACE IS NEE	DED, USE ADDEND	UM SECTION*			
Military Se	rvice: (Give dates, B	ranch of Service	and Type of Disch	arge receive	d since			
your last re	enewal.								
Date Branch of Service				Ty	Type of Discharge				
From ##/		TO			-				
TIOM									
nn-21	4 PEOUTRE	D FOR FACH BRANC	TH SERVED *TE ADDITION	AT. SDACE TS NEEDED I	SE ADDENDIM SEC	TTON*			
DD-214 REQUIRED FOR EACH BRANCH SERVED *IF ADDITIONAL SPACE IS NEEDED, USE ADDENDUM SECTION*									
Medical History									
Have you had any serious injuries or illnesses since your last renewal? YES NO									
If yes, explain:									
Describe any									
physical defects:									
Since your last renewal did you have or have you suffered from habitual YES NO									
drunkenness, narcotics addiction or dependence?									
If yes, explain: Since your last renewal have you been a patient in a mental hospital or YES NO									
					tal or	YES NO			
	institution or have you been declared mentally disabled?								
If yes, explain:									

Please TYPE application and use the "TAB" key to move between blocks.

Written version available upon request.

THIS APPLICATION IS TO BE USED FOR <u>RENEWALS</u> ONLY DO NOT USE THIS APPLICATION FOR NEW APPLICANTS

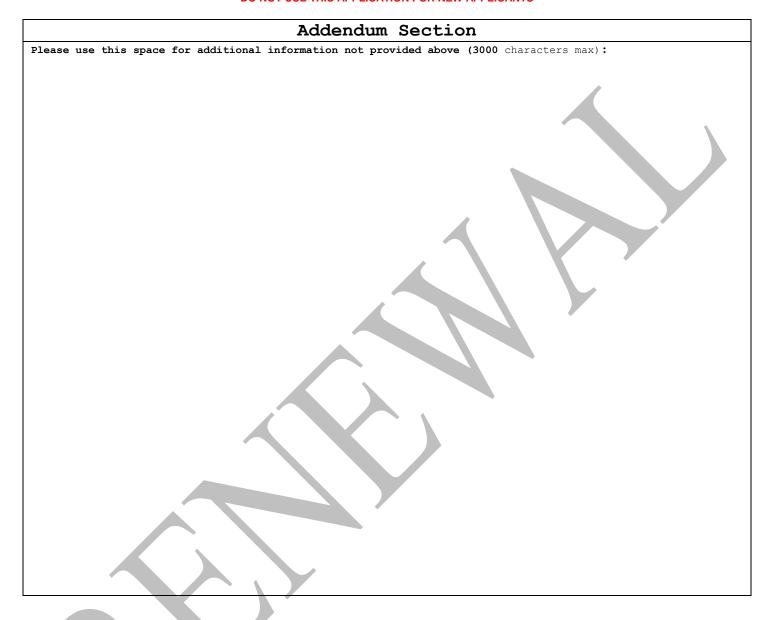
Employment History Employment History: Beginning with the most recent employer, provide details specifying Employer Name, Address, Title/Position Held and Dates of Employment, (also list periods of unemployment) since you're last renewal. *IF ADDITIONAL SPACE IS NEEDED, USE ADDENDUM SECTION* Name of Employer: Street Address: City/State/Zip: Phone Number: (###)###-#### Title/Position Held: Dates of Employment: ##/##/#### From То Reason for Separation: Annual Salary/Wages: Photographs 1. Provide one (1), un-mounted photograph, no larger than $3'' \times 5''$ application. 2. For identification, write your full name on the back of the photographs. 3. PHOTOGRAPHS MUST HAVE BEEN TAKEN NO MORE THAN THRITY (30) DAYS PRIOR TO SUBMITTING THE APPLICATION. 4. Application will not be considered unless proper photographs are included.



Please TYPE application and use the "TAB" key to move between blocks.

Written version available upon request.

THIS APPLICATION IS TO BE USED FOR <u>RENEWALS</u> ONLY DO NOT USE THIS APPLICATION FOR NEW APPLICANTS



Please TYPE application and use the "TAB" key to move between blocks. Written version available upon request.

> THIS APPLICATION IS TO BE USED FOR RENEWALS ONLY DO NOT USE THIS APPLICATION FOR NEW APPLICANTS

THIS PAGE MUST CONTAIN ORIGINAL SIGNATURES ON BOTH SETS OF THE APPLICATION.

Commonwealth of Kentucky, County	
The Affiant states he is the person recommended for appoint application for same to the Executive Director of the Kentucky Le United States and the Commonwealth of Kentucky, that his for Commonwealth for at least one year immediately preceding the may of and is not under indictment for a crime involving moral turpited selling of information or evidence, impersonation of a law enforcer state or political subdivisions, thereof, illegally using, carrying or a drunkenness, using or selling or possession of narcotics, that he had competent jurisdiction and such adjudication has not been set aside, an alien he has not illegally or unlawfully entered the United State preceding the filing of this affidavit he has not hired himself out, perform any private service for acting as a privately paid detective, politicipant in any labor dispute, that he has not conducted the busin supporting private detectives, private policeman or private guard connection with any labor disputes. Note: This application must be notarized in the space provides.	aw Enforcement Council, that he is a citizen of the all name is as stated, that he has resided in the aking of this affidavit, that he has not been convicted ude, dishonesty or fraud, unauthorized divulging or ment officer or employee of the United States or any possessing a firearm or dangerous weapon, habitual is not been adjudged mentally disabled by a court of that he has not renounced his citizenship, that being ites, that within a period of two years immediately erformed any service, or received any compensation ceman, guard, peace officer or otherwise as an active less of a private detective agency or with any agency dis, or authorized or solicited any such business in
I, being a candidate to receive a commission as a Special Local Peathat the information required in the above statements of this applicanot prohibited from serving by the provision of KRS 61.300.	
not promoted from serving by the provision of KKS 01.500.	
	Signature of Candidate
Subscribed and duly sworn to before me by the above named candid	date, this day of
, 20, at City (or town) of	County of
and State of	
	Signature of Notary
(Official Impression Seal)	
	Notary Expiration Date

Please TYPE application and use the "TAB" key to move between blocks.

Written version available upon request.

THIS APPLICATION IS TO BE USED FOR <u>RENEWALS</u> ONLY DO NOT USE THIS APPLICATION FOR NEW APPLICANTS

NOTE:

**Enclose with this application a copy of the \$5000.00 bond executed in the name of the applicant as required by KRS 61.360 (5). For the purpose of notification, verification and in the event the bond is cancelled, the Executive Director of the Kentucky Law Enforcement Council in the Justice and Public Safety Cabinet shall be listed as the third party beneficiary.

Complete and mail both applications and a \$10.00 non-refundable application fee (check or money order made payable to **Kentucky State Treasurer**) to:

Kentucky Law Enforcement Council EKU Funderburk Building 521 Lancaster Ave Richmond, KY 40475

Any false, misleading or withholding of information requested on the application or by the Kentucky Law Enforcement Council investigator, may be grounds for rejection without further consideration.

500 KAR 3:020

